

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT  
**INSTRUCTIONS FOR COMPLETING THE SHORT FORM APPLICATION FOR A  
LICENSE UNDER THE CALIFORNIA FINANCE LENDERS LAW (CFL)**  
DBO – CFLL 1423 Short Form (Rev. 5-17)



## **ASSISTANCE WITH THE APPLICATION**

Refer to these instructions while completing the CFLL short form application. If you have questions about the application that are not answered by these instructions, call the Department of Business Oversight's toll-free telephone number at (866) 275-2677. Department personnel cannot provide individual legal or accounting advice. Applicants who need such advice must consult a qualified professional.

## **FEES AND PROCESSING OF THE APPLICATION**

The application and any attachments must be typewritten. The signature must be original and not a copy. Attach additional sheets if you need more space to complete an answer to any of the questions and label the answers by the corresponding question number. Answer every question in the application.

A CFLL licensee seeking to engage in business at an additional location must submit this application to the Commissioner of Business Oversight by certified mail, return receipt requested, at least 10 days before engaging in business at the location.

The application must be accompanied by a nonrefundable application fee of \$200 and an investigation fee of \$100. The application fee and investigation fee are not refundable if the application is denied or withdrawn.

Make the check payable to the Department of Business Oversight for the total amount of all fees. The application, attachments, and fees must be filed only in the Los Angeles office of the Department of Business Oversight, located at 320 West 4<sup>th</sup> Street, Suite 750, Los Angeles, California 90013.

## **THE CFLL SHORT FORM APPLICATION**

The headings used in these instructions correspond to the item numbers in the application.

### **ITEM NUMBER 1 OF APPLICATION:**

#### **Name of Applicant:**

Provide the applicant's legal name. Some foreign entities are required by the California Secretary of State's office to use an assumed name for all business they conduct in California. These entities should provide that assumed name as the "Name of Applicant" and may only use that name. These entities are not permitted to use a fictitious business name.

#### **Fictitious Business Name:**

An applicant that intends to conduct CFLL business under a fictitious business name that is different from its legal name should provide the fictitious business name here. Provide the name that appears on the Fictitious Business Name Statement as filed with the county clerk.

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The use of a fictitious business name is not permitted for a new location unless the Department of Business Oversight has already approved the use of that name. If the fictitious business name has not already been approved by the Department of Business Oversight, approval of a new fictitious business name may be requested from the Department of Business Oversight by submitting under separate cover a copy of the Fictitious Business Name Statement with the “filed stamp” from the county clerk’s office. The applicant’s name must appear as a registrant on the Fictitious Business Name Statement. This document should be forwarded along with a written request to CFLL Licensing Specialist, Department of Business Oversight, 320 West 4<sup>th</sup> Street, Suite 750, Los Angeles, California 90013. Applicants who intend to conduct business under a fictitious business name are required to comply with the rules governing the filing of a fictitious business name as set forth in Business and Professions Code Section 17900 et seq.

**ITEM NUMBER 2 OF APPLICATION:**

**Applicant’s Licensed Place of Business:**

Provide the applicant’s complete proposed place of CFLL business, including number and street, city, county, state, zip code, telephone number, and fax number.

**ITEM NUMBER 3 OF APPLICATION:**

**Individual in Charge of this Location:**

Each office must have a person who is in charge. Provide the full name of the individual who will be in charge of this location. If the applicant has no middle name, indicate, e.g. “John [no middle name] Smith.”

**Statement of Identity and Questionnaire:**

The individual named in Item Number 3 of the application must complete and submit a Statement of Identity and Questionnaire. If a Statement of Identity and Questionnaire has already been provided to the Department for the individual named in Item Number 3, there is no need to complete the form. The same individual cannot be in charge of multiple locations, and each location **must have** an individual in charge.

The 10-year employment and residence history in the Statement of Identity and Questionnaire must be complete and accurate. Attach copies of all pertinent court and other documents requested. The Statement of Identity and Questionnaire must be notarized if executed outside the State of California.

Submit the Statement of Identity and Questionnaire with the fingerprint information and the cost of fingerprint processing (discussed below).

**Fingerprints**

Individual(s) named in Item Number 3 of the application must submit fingerprints and related information to the Department of Business Oversight with the application, for the purposes of conducting a criminal history background check. (Financial Code Section 22101.5) Applicants must pay for the cost of processing the fingerprints.

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**In-State Individuals:**

Individuals named in Item Number 3 of the application who resides in California must complete a “Request for Live Scan Service” form. The triplicate form can be printed from the Department of Business Oversight’s website at [www.dbo.ca.gov](http://www.dbo.ca.gov). Adobe Reader 7.x is required to download the form correctly. The individual must take the three-part form to a live scan location to have their fingerprints taken by the operator and submitted electronically to the California Department of Justice for processing. The applicant will be required to pay the fees charged by the California Department of Justice for processing the fingerprints directly to the live scan operator. The Attorney General’s website at <https://oag.ca.gov/fingerprints/locations> has current information concerning the Department of Justice’s fees and the location of live scan terminals. You may also call the Department of Business Oversight at 1-866-275-2677 for information concerning the location of live scan terminals. Submit the “Requesting Agency Copy” of the “Request for Live Scan Service” form and a processing fee of \$20 per individual for live scan submission with the CFLL application and the Statement of Identity and Questionnaire to the Department of Business Oversight. Make the check for the fingerprint processing fees payable to the Department of Business Oversight.

**Out-of-State Individuals:**

Individuals residing outside of California are encouraged to come to California, if practical, to have their fingerprints taken and submitted electronically through California’s Live Scan process, to significantly decrease the processing time. However, an out-of-state individual named in Item Numbers 4, 5, and 6 may provide fingerprint images to the Department of Business Oversight on fingerprint cards. Call the Department of Business Oversight at 1-866-275-2677 to obtain fingerprint cards. The Department of Business Oversight will mail the fingerprint cards to you. In addition, you must also complete a “Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement” form, available from the Attorney General’s website at <https://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/bcii9004.pdf>. The fee to process the fingerprint card is \$86 per individual, which includes the Department of Business Oversight’s processing fee of \$20 and the Department of Justice’s processing fee of \$66. Make the check for all fees payable to the Department of Business Oversight. Submit the fingerprint cards, “Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement” form, the fees, and the Statement of Identity and Questionnaire with the CFLL application to the Department of Business Oversight.

**ITEM NUMBER 4 OF APPLICATION:**

**Applicant’s Plan of Business:**

Mark the appropriate box with either a “yes” or “no” response to indicate if there has been any change in the plan of business of making or brokering loans or other business that was previously submitted to the Department of Business Oversight. If “yes”, explain the change.

**ITEM NUMBER 5 OF APPLICATION:**

**Applicant’s License Number:**

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Provide the existing license number and address of at least one other CFL license currently held by the applicant.

**ITEM NUMBER 6 OF APPLICATION:**

**Responsible Officer or Compliance Person:**

Provide the name, title, address, email address, and telephone number of the contact person to whom questions regarding the filing of this application should be directed. The responsible officer or compliance person must be from the main office of the company, and may not be a branch manager.

**EXHIBITS:**

**EXHIBIT A (Social Security Number or Federal Taxpayer Identification Number):**

Individuals (sole proprietors) applying for a license must provide their social security number. Corporations, partnerships, limited liability company and other business entities, except sole proprietorships, applying for a license must provide the federal taxpayer identification number. Label the document as Exhibit A.

The Department of Business Oversight is required to collect from all applicants social security numbers under Family Code Section 17520, and social security numbers or federal taxpayer identification numbers under Business and Professions Code Section 494.5. The social security number or federal taxpayer identification number is used to match the information to the names on the list provided by the Department of Child Support Services under Family Code Section 17520, and the list of tax delinquencies provided by the State Board of Equalization and the Franchise Tax Board under Business and Professions Code 494.5. Any disclosed social security numbers and federal taxpayer identification numbers in the completed application will be considered confidential information, and will be filed and maintained as part of the confidential records not subject to public inspection. Refer to Commissioner's Release 2-G for further information concerning privacy protection of personal information.

**EXHIBIT B (Not Applicable)**

**EXHIBIT C (Statement of Identity and Questionnaire):**

Provide for the individual named in Item 3, a Statement of Identity and Questionnaire. If applicable, provide fingerprint information and the cost of fingerprint processing.

**SIGNATURE SECTION:**

Provide the required information. The Signature Section must be signed by an officer who has **previously** completed and submitted a Statement of Identity and Questionnaire to the Department of Business Oversight.

The application must be signed by the applicant if a sole proprietor, by a general partner if a partnership, or by an authorized officer, if a corporation.

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(Department of Business Oversight Use Only)

DEPARTMENT OF BUSINESS  
OVERSIGHT

Fee Paid \$ \_\_\_\_\_

File No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

**STATE OF CALIFORNIA  
DEPARTMENT OF BUSINESS OVERSIGHT**

**“SHORT FORM APPLICATION”  
FOR A LICENSE UNDER THE  
CALIFORNIA FINANCE LENDERS LAW  
FOR A LICENSEE CURRENTLY HOLDING ONE OR MORE LICENSES**

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This application must be accompanied by a nonrefundable application fee of \$200 and a nonrefundable investigation fee of \$100. (Financial Code Section 22103.) The application (together with the fees payable to the Department of Business Oversight) must be filed **ONLY** in the Los Angeles office of the Department of Business Oversight, located at 320 West 4th Street, Suite 750, Los Angeles, CA 90013.

A licensee seeking to engage in business at a new location must submit this application to the Commissioner of Business Oversight by certified mail, return receipt requested, at least 10 days before engaging in business at the new location.

A license issued pursuant to the California Finance Lenders Law permits only employees to work under the license. Persons engaged in lending that are not employees may need to obtain a license under the California Finance Lenders Law. In addition, a license issued pursuant to the California Finance Lenders Law does not permit a licensee to authorize locations operated by persons other than employees of the licensee under some form of franchise or license agreement (e.g., net branching.)

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1. Name of applicant: \_\_\_\_\_

Fictitious Business Name (FBN): \_\_\_\_\_  
(FBN must already be on file with the Department. [Financial Code Section 22102(e)])

(If the applicant seeks to do business under a FBN that has not been previously approved by the Department of Business Oversight (Department), additional information will need to be submitted under separate cover. Use of a new proposed FBN is not allowed until such time as written approval is received from the Department approving the use of such name. Approval of a new FBN may be requested by submitting under separate cover a copy of the Fictitious Business Name Statement with the “filed stamp” from the county clerk’s office along with a written request. The applicant’s name must appear as a registrant on the Fictitious Business Name Statement. Refer to Section 17900 of the Business and Professions Code for the requirements for filing the Fictitious Business Name Statement. (Financial Code Section 22155)

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2. Applicant's licensed place of business will be located at (Financial Code Section 22106):

_____	_____	_____	_____	_____
(Number and Street)	(City)	(County)	(State)	(Zip)
_____		_____		
(Telephone Number)		(Fax Number)		

3. The FULL first, middle (if no middle name, so indicate) and last name of the individual in charge of this location. Each office must have a person who is in charge and the same individual cannot be in charge of multiple locations.

_____	_____	_____
* (Last Name)	(First Name)	(Middle Name)

(\*Complete a Statement of Identity and Questionnaire (FS 512 SIQ). The form is located on the Department of Business Oversight' website at [www.dbo.ca.gov](http://www.dbo.ca.gov) and is printed as Exhibit C in Section 1422. If the Statement of Identity and Questionnaire form has already been provided to the Department for this individual, there is no need to provide another form. (Financial Code Section 22105))

4. Indicate by marking the appropriate box if there has been or will be ANY CHANGE in the applicant's plan of business of making or brokering loans or other business as described in Financial Code Section 22154 that was previously submitted to the Department. If "yes", provide explanation.

☐ Yes (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ No

5. Provide license number and address of one other California Finance Lenders Law license held by this applicant.

License Number \_\_\_\_\_ Address \_\_\_\_\_

6. Provide the name, title, address, email address, and telephone number of the person to contact regarding this application. The license will also be mailed to this person unless otherwise instructed. The name of the person must be a responsible officer or compliance person from the main office of the company. The name of the branch manager does not belong here.

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Attention: \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

\_\_\_\_\_  
(Email Address) (Telephone Number)

**REQUIRED EXHIBITS**

**EXHIBIT A (Social Security Number or Federal Taxpayer Identification Number):**

If the applicant is an individual (sole proprietor), provide the applicant's social security number, or the federal taxpayer identification number if the applicant is a business entity other than a sole proprietor. Label the document as Exhibit A.

**EXHIBIT B (Not Applicable)**

**EXHIBIT C (Statement of Identity and Questionnaire):**

In the event of the issuance of a license, applicant agrees to comply with the requirements of the California Finance Lenders Law and rules adopted, and orders issued, by the Commissioner of Business Oversight, and further agrees that in the event of any change of its officers, directors, or any other persons named in this application, that an amendment to the application containing the same information in relation to the new person(s) as is required in the application shall be filed with the Commissioner of Business Oversight within thirty days from the date of the change. (California Code of Regulations Section 1409 (10 C.C.R. § 1409).)

WHEREFORE, applicant requests that a license be issued by the Commissioner of Business Oversight authorizing applicant to engage in business under the California Finance Lenders Law within the State of California.

If the proposed location in Item Number 2 is out-of-state, applicant agrees to make its books and records available in this state, or pay the reasonable expenses incurred during an investigation or examination outside this state.

The applicant has duly caused this application to be signed on its behalf by the undersigned, thereunto duly authorized.

The undersigned, on behalf of the applicant, acknowledges that this application and all exhibits thereto which are not designated as confidential are subject to public inspection pursuant to Section 250.9.1, Chapter 3, Title 10, California Code of Regulations. A request for confidentiality of certain documents may be requested pursuant to Section 250.10. If a request for confidential treatment is granted (or denied), the person making such request will be notified in writing.

The undersigned also acknowledges on behalf of the applicant that the State Board of Equalization and the Franchise Tax Board are authorized to share taxpayer information with the Department of Business Oversight, and in the event the state tax obligation is not paid by a licensee after a license is issued, the Department of

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Business Oversight may be required to suspend the license (Business and Professions Code Sections 31 and 494.5).

I declare under penalty of perjury that I have read the foregoing application, including all Exhibits attached thereto, or filed therewith, and know the contents thereof, and that the statements therein are true and correct.

Executed at _____ (City, County, and State)	_____ (Applicant)
Date _____	_____ (Signature of Declarant)*
	_____ (Typed Name of Declarant)*
	_____ (Title)*

\*This Short Form Application must be signed by an officer who has PREVIOUSLY completed and submitted a Statement of Identity and Questionnaire. No other officer is authorized to sign documents on behalf of the applicant.

DBO's Privacy Notice on Collection

**DBO Collects and Uses Personal Information:** The DBO collects the information requested on this form as authorized by Chapter 1 of Title 10 of the California Code of Regulations. The DBO uses this information to process applications related to entities authorized to engage in business under the Financial Institutions Law. Use of the personal Information DBO collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

**Providing Personal Information Is Mandatory:** When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver's license number, or financial information.

**DBO May Disclose Your Personal Information:** We may share your personal information with other federal and state financial institution regulators, or any law enforcement agency. Your personal information may also be disclosed:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another governmental agency as required by state or federal law.
- In response to a court order or administrative order, a subpoena or a search warrant.

**Your Access to Your Personal Information:** You may review the records maintained by DBO that contain your personal information. To request access, contact: DBO Privacy Officer, 1515 K Street, Sacramento, CA 95814.